

**Women's & Family Care**  
21624 Midland Drive  
Shawnee, KS 66218  
(913) 643-0075 (913) 643-0077 FAX

**Initial Dermatology Evaluation**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What is your skin complaint to-day? \_\_\_\_\_  
\_\_\_\_\_

How long have you had the main problem? \_\_\_\_\_

Has the problem changed? \_\_\_\_\_

List any treatments you have had for this problem and indicate effectiveness.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have other skin problems or concerns (eg: changing moles, sun damaged skin or concerns about skin cancer?) \_\_\_\_\_  
\_\_\_\_\_

List allergies to medicines \_\_\_\_\_

List other allergies or sensitivities \_\_\_\_\_

List all other present medications, including birth control, over-the-counter and herbs

\_\_\_\_\_  
\_\_\_\_\_

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List significant medical problems (eg: diabetes, heart, asthma)

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List previous surgeries

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Females: last menstrual period \_\_\_\_\_

Do you have any possibility you are or will become pregnant? \_\_\_\_\_

Have you had skin cancer or pre-cancers? \_\_\_\_\_ Please list \_\_\_\_\_

Family history: Is there a history of skin cancer in the family? \_\_\_\_\_ Type? \_\_\_\_\_

Is there a family history of skin disease (e.g.: psoriasis, eczema)? \_\_\_\_\_ Type? \_\_\_\_\_

Do you tan?	present	yes	no	past	yes	no
Do you smoke?	present	yes	no	past	yes	no
Do you drink alcohol	present	yes	no	past	yes	no
Do you exercise?	present	yes	no	past	yes	no
Do you use sunscreen daily ?	present	yes	no	past	yes	no
Do you use sunscreen in the sun?	present	yes	no	past	yes	no
Do you take aspirin or other blood thinners?	present	yes	no	past	yes	no

List your usual facial products: \_\_\_\_\_

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List your usual soap or cleanser and body moisturizer \_\_\_\_\_

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Do you have any of the following problems today? (circle)      joint pain   fever      fatigue  
headache      abdominal pain   nausea   night sweats

Are you aware of excessive bleeding      excessive scar formation      poor healing      recent weight  
change      unusual sensitivity to the sun?

Do you have interest in discussing Botox      fillers   peels      other cosmetic concerns  
(not covered by insurance)